Division of Health Care Facilities (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED A. BUILDING: 01 - MAIN BUILDING 01 AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 03/12/2018 B. WING TN1928 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 329 MURFREESBORO RD TREVECCA CENTER FOR REHABILITATION AT NASHVILLE, TN 37210 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE DATE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 4-6-2018 N831 N 831 N 831 1200-8-6-.08 (1) Building Standards Telephone room on 1st floor. A nursing home shall construct, arrange, and a) The back wall at deck, (bundle of maintain the condition of the physical plant and wires) will be properly sealed using the overall nursing home environment in such a UL rated Product. manner that the safety and well-being of the b) The mix fire stop on 2 (8 inch) residents are assured. insulated pipes on back wall will be removed and approved fire stop system will be used. c) Mechanical room sidewall, fire stop This Rule is not met as evidenced by: Based on observations, the facility failed to will be repaired by using UL rated maintain the physical plant and overall product. environment. d)Firestop at the deck will be repaired by using UL rated product. The findings included: e) Pvc wires at the wall and deck will Observations on 3/12/18 at 8:34 AM-9:00AM, be repaired and properly sealed by revealed the following deficiencies in the using UL rated system / product. telephone room beside the elevators (1st floor): f)Bundle of wires above the door will a. Back wall at the deck (bundle of wires not be properly sealed by using UL rated properly fire stopped) b. Mixed fire stop on 2 (8 inch) insulated pipes product. (back wall) g)Electrical Conduits at the floor c. Mechanical room sidewall (multiple) will be properly sealed by d. firestop is not installed properly at the deck e. pvc wires not sealed properly at the wall and using UL rated product. the deck f. corridor side (above the door) bundle of wires All persons have the potential to be not properly sealed at the deck. impacted. g. Electrical conduits at the floor(multiple) not The Maintenance Director will assure properly sealed. National Fire Protection Association (NFPA) 101, compliance by monitoring contractor 8.3.5 (2012 Edition) activity in the assurance of use of proper system. The maintenance director was present when these deficiencies were identified and they were All repairs will competed by 4-6-2018 later acknowledged by the administrator during the exit conference on 3/12/18. (X6) DATE Division of Health Care Facilities

Division of Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

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If continuation sheet 1 of

Division of Health Care Facilities (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED A. BUILDING: 01 - MAIN BUILDING 01 **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION 03/12/2018 B. WING TN1928 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 329 MURFREESBORO RD TREVECCA CENTER FOR REHABILITATION AN NASHVILLE, TN 37210 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (X4) ID **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDEN'TIFYING INFORMATION) TAG DEFICIENCY) TAG N 848 N 848 | Continued From page 1 3-26-2018 N 848 N848 N 848 1200-8-6-.08 (18) Building Standards The 5th floor clean linen room was (18) It shall be demonstrated through the relocated on 3/26/18. submission of plans and specifications that in All persons have the potential to be each nursing home a negative air pressure shall impacted. be maintained in the soiled utility area, toilet room, janitor 's closet, dishwashing and other All clean linen rooms were inspected such soiled spaces, and a positive air pressure to assure clean air supply. shall be maintained in all clean areas including, The maintenance director will assure but not limited to, clean linen rooms and clean compliance by monthly inspection, utility rooms. ensuring positive air pressure is maintained. This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the correct air pressure. The finding included: Observation on 3/12/18 at 9:06 AM, revealed the 5th floor clean linen room did not have a clean air supply. The maintenance director was present when this deficiency was identified and it was later acknowledged by the administrator during the exit conference on 3/12/18.

Division of Health Care Facilities STATE FORM

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If continuation sheet 2 of 2